

## 510(k) SUMMARY

K024167

Submitted by: Barnes, Richardson & Colburn  
1225 Eye Street, N.W.  
Washington, D.C. 20005

Contact: Stephen Brophy  
Tel: (202) 457-0300

FEB 06 2003

Date Prepared: December 10, 2002

Subject Device: "Step-saver (B2002)" Stairway Chairlift

Predicate Device: Bruno Electra-Ride (510(k) number K921648)

### Subject Product Description:

The Stepsaver is a stairway chairlift designed to carry a rated load of 300 lb. directly up and down a set of stairs in a residence. The Step-saver is designed to travel a maximum 32 feet at a rated speed of 18 feet per minute. Safety switches installed on the Step-saver stop the carriage when it reaches the top or bottom of the stairway. The footrest incorporates obstruction sensors, which will stop the carriage if an obstacle is encountered on the stairs. Features include:

- Rack and pinion drive
- 60 and 90 degree swivel at top
- Adjustable seat height
- Seat belt with positive locking mechanism
- Flip-up padded armrests
- Constant pressure control switch on armrest (reversible side)
- Obstacle sensor
- Swivel seat actuator
- Electronic controller with soft start

Intended Use: The product will be used by the patient to assist in navigating a specific set of stairs. This is a self-contained product that is mounted to the tread of a staircase. A trained dealer will install the unit, test it and teach the end user how to operate it. The typical user is someone who has limited function of their knees, hips or ankles and/or has trouble bending these joints. Other users include rehabilitated stroke victims, those inflicted with MS, arthritis, heart disease, and those who cannot handle the exertion of walking up and down the stairs. The unit may be recommended by doctors or physical therapists, for those who are recuperating but a large number of users acquire a stairway elevator just because it eases the burden of climbing stairs, improving their quality of life. For those who are wheelchair bound, it requires that they be able to transfer and is

usually an option only if the physical limitations of the residence prohibits a vertical elevator.

**Product**

**Comparison:**

The Step-saver is substantially equivalent to the Bruno Electra-Ride (K9721648). Both products are used by the patient to assist in navigating a specific set of stairs. They are both self-contained products that are mounted to the tread of a staircase. Both stairlifts, (Bruno and Savaria) have been designed and engineered to meet and exceed the safety standards CSA-B355 – “Lifts for persons with physical disabilities” and ASME A17.1 part XX and part XXI “Safety Code for Elevators and Escalators”.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Services Industriels Savaria, Inc.  
Barnes, Richardson & Colburn  
c/o Stephen Brophy  
1225 Eye Street, N.W., Suite 1150  
Washington, D.C. 20005

FEB 06 2003

Re: K024167

Trade/Device Name: Step-Saver Stairway Chairlift  
Regulation Number: 890.5150  
Regulation Name: Powered patient transport  
Regulatory Class: Class II  
Product Code: ILK  
Dated: January 24, 2003  
Received: January 24, 2003

Dear Mr. Brophy:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

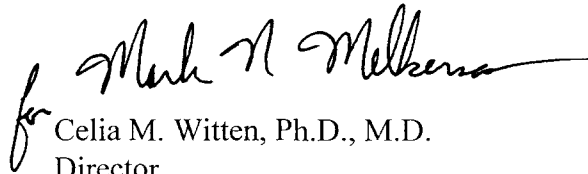
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4659. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,

for Celia M. Witten, Ph.D., M.D.  
Director

Division of General, Restorative  
and Neurological Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

510(k) NUMBER (IF KNOWN) :

DEVICE NAME : "Step-saver" Stairway Chairlift

INDICATIONS FOR USE:

The product will be used by the patient to assist in navigating a specific set of stairs. This is a self-contained product that is mounted to the tread of a staircase. A trained dealer will install the unit, test it and teach the end user how to operate it. The typical user is someone who has limited function of their knees, hips or ankles and/or has trouble bending these joints. Other users include rehabilitated stroke victims, those inflicted with MS, arthritis, heart disease, and those who cannot handle the exertion of walking up and down the stairs. The unit may be recommended by doctors or physical therapists, for those who are recuperating but a large number of users acquire a stairway elevator just because it eases the burden of climbing stairs, improving their quality of life. For those who are wheelchair bound, it requires that they be able to transfer and is usually an option only if the physical limitations of the residence prohibits a vertical elevator.

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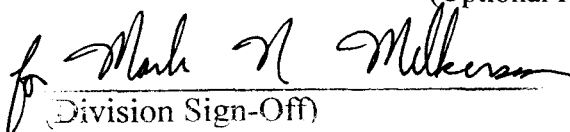
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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use ☒  
(Per 21 CFR 801.109)

OR

Over-The-Counter-Use ☐  
(Optional Format 1)



(Division Sign-Off)  
Division of General, Restorative  
and Neurological Devices

510(k) Number K024167